

Staines Thameside Medical

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Staines Thameside Medical on 11 May 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- The practice was affected by the substantial flooding of the river Thames in 2014, which resulted in the practice offering reduced GP services from the practice and three other nearby locations for just over a week. The practice remained focused on continuing to provide care and treatment to their patients during this challenging time, particularly those that were most vulnerable.
- There was an open and transparent approach to safety and staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always recorded thoroughly enough.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, training, appraisals, fire safety and infection control.
- Data showed patient outcomes were low compared to the national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Review and update procedures and guidance.
- Ensure training appropriate to job role is completed by all staff.
- Review the fire risk assessment and ensure all actions are completed and that all staff receive fire safety awareness training.
- Ensure that clinical waste bins that are lidded and foot pedal operated are provided in every clinical room in a position that is easily accessible to staff.

In addition the provider should:

- Review and improve care for patients with long term conditions, and uptake of national screening and immunisation programmes.
- Review and improve the system for planning and recording meetings including recording the sharing of lessons learned from significant events.
- Ensure that actions identified by infection control audits are completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not always well documented and lessons learned were not always communicated widely enough to support improvement.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, training, appraisals, fire safety and infection control.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data showed patient outcomes were low compared to the national average. For example 61% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the clinical commissioning group (CCG) average of 83% and the national average 84% and 54% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months which was worse than the CCG and national averages of 78%.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment but not all staff had completed training appropriate to their job role.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were overdue for review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 54% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months which was worse than the clinical commissioning group and national averages of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 73% of eligible female patients had a cervical screening test recorded in their notes in the previous five years compared to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- During a flood of the river Thames in 2014 the practice continued to provide reduced GP services to their patient list, and identified patients who were most at risk as a result of the flood. The practice continued to follow up these patients and families after flood waters had receded.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- 61% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the clinical commissioning group (CCG) average of 83% and the national average 84%.
- 82% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was worse than the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 270 survey forms distributed 114 were returned. This represented 3% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received, although four comment cards also included less positive comments about difficulties getting appointments and about the lack of consistency and approachability of the GPs. Other cards said that the practice staff were helpful and caring and that they were happy with the service they had received from the practice.

Staines Thameside Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Staines Thameside Medical

Staines Thameside Medical is located in a two storey converted residential property with patient access rooms on both floors. At the time of our inspection there were approximately 4,200 patients on the practice list.

The practice has four GP partners (one male and three female) who are supported by two nurses, a practice manager, reception and administration staff. The practice is open from 8am to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 8pm on Tuesday evenings and 6.30pm to 7pm on Wednesday evenings. Patients requiring a GP outside of normal hours are advised to call the NHS 111 service or 999 for medical emergencies. The practice has a PMS (Personal Medical Services) contract and offers enhanced services for example; various immunisation and facilitating timely diagnosis and support for people with dementia schemes.

The practice is a teaching practice which means they host medical students.

The practice population has a higher number than average of patients aged over 45 years and a lower number than average of patients from birth to 44 years. Nationally the practice population is considered to be in the second least deprived decile which means it has a lower than average

number of people experiencing deprivation. The NHS friends and family test results show that 88% of people who responded would recommend the practice to their friends and family.

The service is provided at the following location:

5 Chertsey Lane

Staines

Surrey

TW18 3JH

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 May 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager, members of the reception and administration team and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events however these were not always sufficiently recorded and the sharing of learning was not always documented.
- We noted that communication was not always documented sufficiently, such as meeting minutes. Staff we spoke with told us that meetings were often ad-hoc and not minuted.

We reviewed safety records, incident reports and patient safety alerts. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, a medicine with a similar name was prescribed in error and dispensed by a local pharmacist. To reduce the likelihood of this reoccurring refresher training was provided to the GPs regarding selecting medicines within the clinical system and a meeting was held with the pharmacist to identify if there were any other actions that could be taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had received up to date training relevant to their job role. Annual infection control audits were undertaken and we noted that action had not been taken to address all the improvements identified as a result. For example there was no clinical waste bin in the upstairs treatment room and staff we spoke with told us they carried waste down the stairs for disposal.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed three personnel files and found not all appropriate recruitment checks had been undertaken prior to employment. For example some files were missing one or more of the following; proof of identification, references, and the appropriate checks through the Disclosure and Barring Service (DBS) or risk assessments to determine a DBS check was not required.

Monitoring risks to patients

Risks to patients were assessed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have up to date fire risk assessments and did not carry out regular fire drills, we also noted that not all staff had received fire safety awareness training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 68% of the total number of points available (the national average is 95%). Exception reporting was significantly lower than the clinical commissioning group (CCG) or national averages for the majority of indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for several QOF clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was worse than the national average. For example 61% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 83% and the national average 84% and 54% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months which was worse than the CCG and national averages of 78%.
- Performance for mental health related indicators was worse than CCG and the national average. Only 61% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months,

which is below the CCG average of 83% and the national average 84%. Only 82% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was worse than the CCG average of 91% and the national average of 88%.

- Performance for respiratory related indicators was worse than CCG and national averages. For example only 36% of patients with asthma, on the register, had received a comprehensive asthma review in the preceding 12 months compared to the CCG and national averages 75% and only 57% of patients with COPD had a comprehensive review undertaken which included an assessment of breathlessness in the preceding 12 months compared to the CCG average of 89% and the national average of 90%.

The practice was aware of the low QOF performance figures and staff we spoke with told us about specialist courses that they were doing which would allow the nursing team to carry out more of the long term disease management including respiratory diseases and diabetes.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the practice policy to improve monitoring of patients who were on long term medicines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- The practice could demonstrate how they ensured some role-specific training and updating for relevant

Are services effective?

(for example, treatment is effective)

staff. For example, for those reviewing patients with long-term conditions, staff we spoke with told us about specialised training courses that they were taking including diabetes and respiratory diseases.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Not all staff had received training in fire safety awareness or infection control.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 73%, which was lower than the clinical commissioning group (CCG) average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were mixed when compared to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 81% to 92% (CCG average 75% to 88%) and five year olds from 58% to 91% (CCG average 80% to 91%).

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages, with the exception of being involved in decisions about their care by nurses. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1% of the practice list). The practice had a dedicated member of staff who was responsible for the carers register. The practice actively used the Surrey carers

Are services caring?

prescription which allows the GPs to refer the carer to other organisations who could support them, which included social services. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice secured premises and support during a flood in 2014 which allowed them to continue to provide reduced GP services to its patient list throughout the flood.

- The practice offered extended hours appointments until 8pm Tuesday evenings and until 7pm Wednesday evenings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities although there was no alarm fitted in the toilet or other means to request help.
- The practice was unable to install a lift to improve access due to the structure of the building but patients who could not manage the stairs were seen in a downstairs consulting room.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered at the following times from 6.30pm to 8pm on Tuesday evenings and from 6.30pm to 7pm on Wednesday evenings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The details for requested house calls was passed to the GP who would assess the urgency of the request calling the patient or carer for further information it was required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; there were leaflets available and a poster in the waiting room.

We looked at six complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. However there was not evidence in all cases of this learning being shared widely enough to support improvement as meetings tended to be ad hoc and not always minuted. We did see some evidence of shared learning; for example, following a complaint where a patient was prescribed the wrong medicine all clinicians received further training in the use of the clinical system.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, although some of these policies were overdue for review.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those relating to recruitment checks, training, appraisals, fire safety and infection control.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice did not hold regular team meetings but they were arranged on an ad hoc basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice could not demonstrate that it was adequately assessing the risk of spreading infection or provide evidence that it was acting on the risks that were identified. They also could not demonstrate that all staff had received infection control training appropriate to their job role.</p> <p>The provider could not demonstrate that actions identified in the fire risk assessment had been completed or that they had completed fire drills. They also could not demonstrate that all staff had received fire safety training.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the practice could not demonstrate that a robust system was in place to ensure that all appropriate policies were up to date.</p> <p>We also found that the practice was not completing recruitment checks in accordance with practice policy and Schedule 3.</p> <p>This was in breach of Regulation 17(1) & (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>